


DATE: <u>7/23/00</u>	FROM: <u>Huey R</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2713</u>	A. You had Parent <input type="checkbox"/> (check box)
B. Class: <u>348</u>	B. See Title <input type="checkbox"/> (check box)
C Subclass: <u>25</u>	<input checked="" type="checkbox"/> C. See Abstract <input type="checkbox"/> (check box)
	<input checked="" type="checkbox"/> D. See Claim(s): _____

TV system application

DATE: <u>7/25/00</u>	FROM: <u>Y. Lee</u> (print name)
FORWARD TO: A. Art Unit: <u>2773</u> B. Class: <u>345</u> C Subclass: _____	REASON(S): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> A. You had Parent B. See Title C. See Abstract (D. See Claim(s): <u>18</u>) </div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <small>(check box)</small> <div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> <small>(check box)</small> <div style="border: 1px solid black; width: 100px; height: 40px;"></div> <small>(check box)</small> </div> </div>

- no motion video compression
- relates to video display

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

DEED: *OK Bar 346/1A* *same SALS* *FO 2778*

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: